

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR LICENSURE

DENTIST

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES:

In addition to submitting a completed application, complete the following:

1. Submit an official transcript from a dental school accredited by the Commission on Dental Accreditation of the ADA that includes the date of graduation and degree earned.

If you graduated from a dental school outside the United States, submit a report from the International Credentialing Associates, Inc. documenting that your school met the standards for accreditation by the Commission on Dental Accreditation of the ADA at the time you graduated.

NOTE: Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.

2. Submit official passing score results for the National Board Examination as administered

by the Joint Commission on National Dental Examinations of the ADA, unless you are applying for licensure by endorsement and were originally licensed before 1928.

3. Submit an original score report from WREB, NERB, SRTA, or CRDTS verifying your passing score on a regional practical examination.
4. If applicable, use the “Request for Verification of License” form (*attached to this application*) to obtain verification of licensure from a state in which you are currently licensed as a dentist. Request that the verifying state complete the form and mail it directly to DOPL or return them to you for submission with your application.
5. Submit a copy of your current CPR or BCLS certification card.
6. Submit the **\$110.00** non-refundable application-processing fee for a dentist license, made payable to “DOPL.”
7. If you are applying by endorsement, complete the following in addition to the other requirements outlined in this section:
 - ☐ Submit documentation that you are currently licensed in another state.
 - ☐ Submit documentation that you have successfully engaged in practice as a dentist for not less than 6,000 hours in the last five years.
 - ☐ Use the “Request for Verification of License” form (*attached to this application*) to obtain verification of licensure from a state in which you are currently licensed as a dentist. Request that the verifying state complete the form and mail it directly to DOPL or return them to you for submission with your application.
 - ☐ Submit documentation of passing a state administered examination if you were licensed in another state prior to 1928 (*in lieu of National Board Examination results*).
 - ☐ Submit documentation of passing a state examination if you were licensed in another state prior to 1976 (*in lieu of a regional practical examination*).
8. If you are applying for a Class II Anesthesia and Analgesia permit, complete the following:
 - ☐ Submit a “Request for a Class II Anesthesia and Analgesia Permit” form.
 - ☐ Submit a copy of your current Basic Life Support course certification.
 - ☐ Submit an official letter from your anesthesia course director certifying the amount and type of anesthesia training received, the dates you received the training, and a statement that the course **conforms** to the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Parts I or III, of the American Dental Association, October 2003.

9. If you are applying for a Class III Anesthesia and Analgesia permit, complete the following:

- ☐ Submit a “Request for a Class III Anesthesia and Analgesia Permit” form.
- ☐ Submit a copy of your current ACLS certification.
- ☐ Submit an official letter from your anesthesia course director **certifying you are competent** to administer parenteral conscious sedation and that the course conformed to the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Parts I or III, of the American Dental Association, October 2003. The documentation must show at least 60 didactic hours plus at least 20 observed cases.

NOTE: You must have a current Utah Controlled Substance license in good standing or have applied and have met the requirements. (*See #12 below.*)

10. If you are applying for a Class IV Anesthesia and Analgesia permit, complete the following:

- ☐ Submit a “Request for a Class IV Anesthesia and Analgesia Permit” form.
- ☐ Submit a copy of your current ACLS certification.
- ☐ Submit an official letter from your anesthesia course director **certifying you are competent** to administer general anesthesia and deep sedation that the course was not less than one year in length, and the course conformed to the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Part II, of the American Dental Association, October 2003.

NOTE: *You must have a current Utah Controlled Substance license in good standing or have applied and have met the requirements. (See #12 below.)*

11. If you are applying for a Utah controlled substance license, complete the following:

- ☐ Submit a completed take-home “Utah Controlled Substances Law and Rules Examination” (*attached to this application*).
- ☐ Submit an additional **\$90.00** non-refundable application-processing, made payable to “DOPL.”

NOTE: The total fees for a dental license and a controlled substance license are \$200.00, made payable to “DOPL.”

ADDITIONAL IMPORTANT INFORMATION:

1. **Utah Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice as a dentist. The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:
 - ❑ Division of Occupational & Professional Licensing Act
 - ❑ General Rules of the Division of Occupational & Professional Licensing
 - ❑ Dentist and Dental Hygienist Practice Act
 - ❑ Dentist and Dental Hygienist Practice Act Rules
2. **Controlled Substance License/DEA Registration:** You must hold a Utah controlled substance license **and** a DEA registration to administer, possess, or prescribe a controlled substance in your practice of dentistry in Utah. For DEA registration information, contact the Drug Enforcement Administration, Salt Lake District Office, 348 East South Temple, Salt Lake City, UT 84088. Telephone (801) 524-4389.
3. **Controlled Substances Law and Rules Examination:** Enclosed with this application is the take-home Utah Controlled Substances Law and Rules Examination. Return the completed examination with your application for licensure if you are applying for a controlled substance license in addition to your license. Do not submit it separately.

The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

- ❑ Division of Occupational & Professional Licensing Act
 - ❑ General Rules of the Division of Occupational & Professional Licensing
 - ❑ Utah Controlled Substances Licensing Act
 - ❑ Utah Controlled Substances Licensing Act Rules
4. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.
 5. **Practical Examinations:** For registration and fee information or to request a duplicate certificate, contact the appropriate testing agency below.
 - ❑ **WREB:** Western Regional Examining Board, 9201 N25th Avenue, #183, Phoenix, AZ, 85021, (602) 944-3315
 - ❑ **NERB:** Northeast Regional Board of Dental Examiners, Inc., 8484 Georgia Ave., #900, Silver Spring, MD, 20910, (301) 563-3300
 - ❑ **SRTA:** Southern Regional Testing Agency, Inc., 303-34th Street, Ste 7, Virginia Beach, VA, 23451, (757) 428-1003
 - ❑ **CRDTS:** Central Regional Dental Testing Service, Inc., 1725 Gage Blvd, Topeka, KS, 66604, (785) 273-0380

6. **National Board Examination:** Contact the Joint Commission on National Dental Examinations at 211 East Chicago Ave., Ste 1846, Chicago, IL, 60611, (312) 440-2500.
7. **Foreign Trained Dentist:** Your foreign school must be American Dental Association (ADA) accredited. For questions about ADA accreditation contact: International Credentialing Associates, Inc. at 7245 Bryan Dairy Road, Bryan Dairy Business Park II, Largo, FL 33777, (727) 549-8555.
8. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
9. **License Renewal:** All dental licenses expire May 31 of each even-numbered year. Additionally, if you possess a Utah controlled substance license, it will also expire at the same time as your dental license and will also need to be renewed.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

Please also note that a cashed check does not constitute issuance of a new or renewed license. Fee processing is simply the first step in the evaluation process.

10. **Continuing Education:** In order to renew your license you must complete at least 30 hours of qualified continuing education.
11. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov.
12. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
13. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at www.dopl.utah.gov.

14. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to “DOPL.” Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL’s main office – but not over the telephone.

15. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

16. **Telephone Numbers:** (801) 530-6628
(866) 275-3675 – Toll-free in Utah

17. **Fax Number:** (801) 530-6511

APPLICATION FOR LICENSURE

GENERAL INFORMATION:

License(s) Applying For: *(Check all that apply.)*

- ☐ Dentist License *(Includes Class I Anesthesia and Analgesia Permit)*
- ☐ Class II Anesthesia and Analgesia Permit
- ☐ Class III Anesthesia and Analgesia Permit
- ☐ Class IV Anesthesia and Analgesia Permit
- ☐ Utah Controlled Substance License

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Gender: ☐ Male ☐ Female) Date of Birth: ____/____/____

Have You Ever Held A Utah License Before? ☐ Yes ☐ No

If Yes, Name of Profession: _____

If Yes, License Number: _____

MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

E-Mail: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License Number: _____

Date License Approved: ____/____/____ Approved By: _____

Date License Denied: ____/____/____ Denied By: _____

Reason for Denial/Other Comments: _____

DENTAL SCHOOL: *(Use additional sheets if necessary.)*

Name: _____ Dates Attended: _____ to _____

Location: _____

Degree Received: _____ Date of Graduation: _____

PROFESSIONAL EXAMINATION REQUIREMENT:

Answer “yes” or “no.”

_____ National Boards, Date(s) Taken: ____/____/____

_____ Western Regional Examination, Date(s) Taken: ____/____/____

_____ Northeast Regional Board Examination, Date(s) Taken: ____/____/____

_____ Southern Regional Testing Agency Examination, Date(s) Taken: ____/____/____

_____ Central Regional Dental Testing Service Exam, Date(s) Taken: ____/____/____

_____ State Exam, State _____ Date(s) Taken: ____/____/____

LICENSES:

List all licenses, registrations, or certifications issued by any state that you now hold or have ever held as a dentist. Use additional sheets if necessary.

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

AFFIDAVIT FOR UTAH LAWS AND RULES

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my practice as a dentist in the state of Utah and I agree to comply with such.

Signature of Applicant: _____ Date: ____/____/____

CPR/BCLS/ACLS Certification:

☐ CPR ☐ BCLS ☐ ACLS

Source: _____

Dates Attended: from ____/____/____ to ____/____/____

ANSWER "YES" or "NO."

_____ I have worked as a licensed dentist for 6,000 or more hours in the 5 years immediately preceding the date of this application.

WORK EXPERIENCE AS A LICENSED DENTIST *(if applying by endorsement):*

Please list your professional work experience for the past 5 years.

(Use additional sheets if necessary.)

From Date	To Date	Practice Experience and Location

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UTAH CONTROLLED SUBSTANCES LAW AND RULES EXAMINATION

The reference listed after each question is provided to assist you in selecting your response. The examination is not intended to be difficult. The purpose of the exam is to bring to your attention specific practice issues you need to know in order to avoid violating Utah law and rule. If you are uncertain about any of the questions listed below, please refer to the reference listed in order to become familiar with Utah's controlled substance prescribing practices.

Answer “**true**” or “**false**” for each statement. Do not leave any statement blank. Return this completed examination with your application for licensure.

1. _____ A prescription for a schedule II controlled substance may be filled in a quantity not to exceed a 30 day supply. [58-37-6(7)(f)(i)(B)]
2. _____ A prescription for a schedule III or IV controlled substance may be refilled 5 times within a six month period from the issue date of the prescription. [58-37-6(7)(f)(ii)]
3. _____ All prescription orders must be signed in ink or indelible pencil to prevent anyone from altering a legitimate prescription. [58-37-6(7)(d)]
4. _____ Licensed prescribing practitioners must make their controlled substance stock and records available to DOPL personnel for inspection during regular business hours. (R156-37-601)
5. _____ All records of purchasing, prescribing, and administering controlled substances must be maintained by the licensed prescribing practitioner for at least five years. [R156-37-602(3)]
6. _____ The name, address, and DEA registration number of the prescribing practitioner, and the name, address, and age of the patient are required to be included on the prescription for a controlled substance. [58-37-6(7)(d)]
7. _____ A controlled substance is taken according to the prescriber's instructions. A refill may be dispensed after 80% of the medication has been consumed. [R156-37-603(7)]
8. _____ After the discovery of any theft or loss of a controlled substance, the prescribing practitioner is required to file the appropriate forms with the DEA, report the incidence to the local police, and send copies of the filed DEA forms to DOPL. [R156-37-602(2)]

(Continued on the next page.)

9. _____ The maximum number of controlled substances that can be written on a single prescription form is one. [R156-37-603(3)]
10. _____ An emergency verbal prescription order for a schedule II controlled substance requires that the patient be under the continuing care of the prescribing practitioner for a chronic disease, the amount of drug prescribed is limited to what is needed to adequately treat the patient for no more than 72 hours, and a written prescription shall be delivered to the filling pharmacy within 7 working days of the verbal order. [R156-37-605]
11. _____ A prescribing practitioner in Utah may not dispense prescription medications to his/her patients except for manufacturers' samples. [58-37-2(1)(m) and 58-17b-102(28)]
12. _____ Issuing a prescription for a schedule II or III controlled substance for yourself is considered unprofessional conduct and may result in disciplinary action. [R156-37-502]
13. _____ A prescribing practitioner is using a schedule IV controlled substance in the treatment of weight reduction for obesity. The practitioner has completed a medical history of the patient, has performed a complete physical examination, has ruled out contra-indications, and has determined that the health benefits of treatment greatly out-weigh the risks. An informed consent signed by the patient is also required prior to initiating treatment. [R156-37-604(2)]

DENTIST QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. _____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. _____ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
8. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
10. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?

(Continued on the next page.)

11. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
12. _____ Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?
13. _____ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
14. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
15. _____ Have you been named as a defendant in a malpractice suit?
16. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
17. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
18. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
19. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
20. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
21. _____ Have you ever been terminated from a position because of drug use or abuse?
22. _____ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
- (Continued on the next page.)
23. _____ Have you ever used any drugs without a valid prescription, the possession or

distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?

24. _____ Do you currently have any criminal action pending?
25. _____ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
26. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
27. _____ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
28. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



If you answered “yes” to questions 24, 25, 26, 27, or 28 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.



If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

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AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah. If you answered "yes" to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

Signature of Applicant: _____

Date of Signature: ____/____/____

Printed Name of Applicant: _____

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REQUEST FOR A CLASS II ANESTHESIA AND ANALGESIA PERMIT

Applicant Name: _____

ANESTHESIA TRAINING:

1. Program Name / Institution: _____
Dates Attended: ____/____/____ to ____/____/____ Certificate Awarded: _____
2. Program Name / Institution: _____
Dates Attended: ____/____/____ to ____/____/____ Certificate Awarded: _____

AFFIDAVIT:

I declare under penalty of perjury as follows:

1. My anesthesia courses conform to the American Dental Association's Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Parts I or III, October 2003.
2. I have and will maintain current BCLS or ACLS certification.
3. My patient care staff will maintain current CPR or BCLS certification.
4. Every patient under nitrous oxide administration will have continuous in-operatory observation by a member of the dental patient care staff.
5. Nitrous oxide and oxygen flow rates and sedation duration and clearing times will be appropriately documented in patient record.
6. Reasonable and prudent controls and equipment are in place and followed in regard to nitrous oxide to ensure the health and safety of patients, dental office personnel, and the general public.
7. The dental facility is equipped with adequate and appropriate equipment, in good working order, to assess vital signs.
8. Equipment used in the administration of nitrous oxide has a scavenging system and all gas delivery units have an oxygen fail-safe system.

Signature of Applicant: _____ Date: ____/____/____

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REQUEST FOR A CLASS III ANESTHESIA AND ANALGESIA PERMIT

Applicant Name: _____

ANESTHESIA TRAINING:

1. Program Name / Institution: _____
Dates Attended: ____/____ to ____/____ Certificate Awarded: _____
2. Program Name / Institution: _____
Dates Attended: ____/____ to ____/____ Certificate Awarded: _____

AFFIDAVIT:

I declare under penalty of perjury as follows.

1. My anesthesia courses conform to the American Dental Association's Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Parts I or III of the American Dental Association, October 2003.
2. I have and will maintain current ACLS certification.
3. My patient care staff will maintain current CPR or BCLS certification.
4. I have, or am applying for, and will maintain a Utah controlled substance license.
5. Every patient under nitrous oxide administration will have continuous in-operatory observation by a member of the dental patient care staff.
6. Reasonable and prudent controls and equipment are in place or are exercised over all nitrous oxide administration, equipment and tanks to ensure the health and safety of patients, dental office personnel and the general public.
7. Equipment used in the administration of nitrous oxide has a scavenging system and all

gas delivery units have an oxygen fail-safe system.

8. The facility in which I work has adequate and appropriate monitoring equipment, including pulse oximetry, current emergency drugs, and equipment capable of delivering oxygen under positive pressure.
9. The patient's heart rate, blood pressure, respiratory rate and responsiveness will be checked at specific intervals during the anesthesia and recovery period and such observations will be appropriately recorded in the patient record.
10. Inhalation agents' flow rates and sedation duration and clearing times are appropriately documented in the patient record.
11. A minimum of two qualified persons as defined by rule will be present during the administration of parenteral conscious sedation.

Signature of Applicant: _____ Date: ____/____/____

REQUEST FOR A CLASS IV ANESTHESIA AND ANALGESIA PERMIT

Applicant Name: _____

ANESTHESIA TRAINING:

1. Program Name/Institution: _____
Dates Attended: ____/____ to ____/____ Certificate Awarded: _____
2. Program Name/Institution: _____
Dates Attended: ____/____ to ____/____ Certificate Awarded: _____

AFFIDAVIT:

I declare under penalty of perjury as follows.

1. I have successfully completed at least one year of advanced training in administration of general anesthesia and deep sedation. All courses conform to the American Dental Association's Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Part II, October 2003.
2. I have successfully completed advanced training in obtaining a health history, performing a physical examination and diagnosis of a patient consistent with the administration of general anesthesia or deep sedation.
3. I have and will maintain current ACLS certification and a current Utah controlled substance license.
4. My patient care staff will maintain current CPR or BCLS certification.
5. Every patient under nitrous oxide administration will have continuous in-operatory observation by a member of the dental patient care staff.
6. Reasonable and prudent controls and equipment are in place or are exercised over all nitrous oxide administration, equipment and tanks to ensure the health and safety of

patients, dental office personnel and the general public.

7. Equipment used in the administration of nitrous oxide has a scavenging system and all gas delivery units have an oxygen fail-safe system.
8. Inhalation agents' flow rates and sedation duration and clearing times are appropriately documented in the patient record.
9. The facility in which I will practice is equipped with precordial stethoscope for continuous monitoring of cardiac function and respiratory work, electrocardiographic monitoring and pulse oximetry, means of monitoring blood pressure, and temperature monitoring; the preceding or equivalent monitoring of the patient will be used for all patients during all general anesthesia or deep sedation procedures with temperature monitoring used for children.
10. Equipment will be immediately available to treat emergencies, including advanced airway equipment, resuscitation medications, and defibrillator.
11. Monitoring and emergency equipment is inspected annually by a certified technician and is calibrated and in good working order.
12. A minimum of two qualified persons as defined by rule will be present during the administration of parenteral conscious sedation.
13. Three qualified and appropriately trained individuals, as set forth in rule will be present during the administration of general anesthesia or deep sedation.

Signature of Applicant: _____ Date: ____/____/____

REQUEST FOR VERIFICATION OF LICENSE

(Use this form to verify licensure from another state, if applicable.)

TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form. Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.

Applicant's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

I am requesting licensure in the state of Utah as a: _____

I am/have been licensed in your state under the name: _____

My Social Security Number is: _____

My Date of Birth is: ____/____/____

My license number in your state is/was: _____

I have enclosed the necessary license verification fee in the amount of: _____

Signature of Qualifier: _____

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The qualifier will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (*as it appears in verifying state's records*): _____

Name of Qualifying Person: _____

Classification of License Issued: _____

License Number: _____ Current Status: _____

Original Date of Licensure: ____/____/____ Expiration Date: ____/____/____

Continuously Licensed:

☐ Yes ☐ No, please explain: _____

Licensed By:

☐ Exam, Type: _____ Date: ____/____/____

☐ Endorsement, From What State _____

Examination Scores: _____

Education Required For Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

☐ No ☐ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____ Title: _____

Agency: _____

Date: ____/____/____

(SEAL)